|   | ! |   |          |   |   |
|---|---|---|----------|---|---|
| 1 |   | 1 | ָ<br>ק   |   |   |
|   |   | ( | <u>'</u> | ) | ) |
| : |   | ` | ·        | • |   |
|   |   | Ś |          | • |   |
| • |   |   |          |   |   |
| : | í | ļ | >        |   |   |
|   | F | ^ | ے<br>1   |   |   |
| • | _ | • |          |   |   |
| Ì |   | Ś | )        |   |   |
|   |   | J | •        |   |   |

| U.S. NATIONAL STAGE FEES  BASIC FEE  SMALL ENT. = \$ 160  LARGE ENT. = \$ 300  EXAMINATION FEE  Satisfies PCT Article 33(1) (4) = \$50/\$ 100  All other situations = \$100/\$ 200  SEARCH FEE'  SEARCH FEE'  U.S. Is ISA = \$50/\$ 100 All other countries = \$200/\$ 400  All other countries = \$200/\$ 400  FEE FOR EXTRA SPEC. PGS.  Z 3 minus 100 = /50 = X\$125 = OR X\$250 = TOTAL CHARGEABLE CLAIMS  MINUS 20 = X\$100 = OR X\$200 = TOTAL CHARGEABLE CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SMALL ENTITY OR OTHER THAN SMALL ENTITY OR SMALL ENTITY OR OTHER THAN SMALL ENTITY OF THER THAN SMALL ENTITY OF THE THAN SMA                                                                                                                   | PATENT APPLIC                        | Appl<br>10                                         | Application or Docket Number |                 |        |                    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|------------------------------|-----------------|--------|--------------------|--------|
| U.S. NATIONAL STAGE FEES   SMALL ENT: = \$ 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIMS                               | AS FILED - PART                                    |                              |                 |        |                    |        |
| U.S. NATIONAL STAGE FEES  BASIC FEE  SMALL ENT. = \$ 160  LARGE ENT. = \$ 300  EXAMINATION FEE  Seatisfies PCT Article 33(1)  SEARCH FEE  SAUL ENT. = \$ 160  LARGE ENT.                                   |                                      |                                                    |                              |                 | ΓΙΤΥ   | OTU                | -      |
| BASIC FEE  SMALL ENT: - \$ 150  LARGE ENT: - \$ 300  EXAMINATION FEE  SEARCH FEE  SMALL ENT: - \$ 150  U.S. 18,3 = \$ 30,7 \$ 100  SEARCH FEE  U.S. 18,3 = \$ 30,7 \$ 100  All other rainsultors = \$ 100,7 \$ 200  All other rainsultors = \$ 100,7 \$ 200  SEARCH FEE  OR  X \$ 200 =  TOTAL  OR  TOTAL  SEARCH FEE  SEARCH FEE  OR  SEARCH FEE  OR  SEARCH FEE  SEARCH FEE  OR  SEARCH FEE  OR  SEARCH FEE  OR  SEARCH FEE  OR  SEARCH FEE  SEARCH FEE  OR  SEARCH                                                                                                                        | U.S. NATIONAL STACE FEE              | (Column 1)                                         | (Column 2)                   | TYPE            |        |                    |        |
| SASIC FEE   SMALL ENT. = \$ 160                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                    |                              | RATE            | FEE    |                    |        |
| Search FEE   Seather PCT Article 38(1)   All other shaelong   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BASIC FEE                            | SMALL ENT. = \$ 150                                | LARGE ENT. = \$ 300          | <b> </b>        | 1700   | RATE               | FI     |
| SEARCH FEE     U.S. to ISA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXAMINATION FEE                      | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100   | All other situations =       | 1               |        | OR BASIC FEE       | 30     |
| SEARCH FEE   SEA                                                                                                                                     | SEARCH FEE' .                        | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = | All other situations =       | 1               |        | EXAM, FEE          | 20     |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FEE FOR EXTRA SPEC. PGS.             | \$ 200 / \$ 400                                    |                              | SEARCH FEE      |        | SEARCH FEE         | 48     |
| NDEPENDENT CLAIMS    minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TOTAL CHARGEABLE CLAIMS              |                                                    | / 50 =                       |                 |        | X \$ 250 =         |        |
| AULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  CLAIMS AS AMENDED - PART II  (Column 2)  CLAIMS AS AMENDED - PART II  (Column 3)  FRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIGHEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total  CLAIMS AS AMENDED - PART II  (Column 2)  (Column 3)  RATE TIONAL PRESENT FEE  X \$ 100 = OR X \$ 200 = OR X \$ 50 = O | NDEPENDENT CLAIMS                    |                                                    | . —                          |                 |        | OR X \$ 50 =       | 1      |
| CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Column 1)  (Column 1)  (                                                                                                                                   |                                      | ESENT                                              |                              |                 | (      | OR X \$ 200 =      |        |
| CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 6)  (Column 7)  (                                                                                                                                   | If the difference in column 1 is     | less than zero, enter "0"                          | in column 2                  |                 |        | 7 000 =            |        |
| Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY O                                                                                                                                   |                                      | · ·                                                |                              | TOTAL           | 0      | R. TOTAL           | 900    |
| CLAIMS REMAINING AFTER AFTER AFTER AFTER AFTER AFTER AFTER AMENOMENT  COlumn 1)  COlumn 2)  Column 3)  CLAIMS FEE  TOTAL ABOIT. FEE  TOTAL                                                                                                                                   | 4/10/06 (Column 1)                   |                                                    |                              | ٠.              | •      | <b></b>            |        |
| AFTER AMENDMENT PREVIOUSLY PAID FOR PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR                                                                                                                                    | CLAIMS                               |                                                    |                              | SMALL ENT       | TITY O |                    |        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    X \$ 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AETEO                                | NUMBER<br>PREVIOUS                                 | R PRESENT                    |                 | / -    |                    | ADDI-  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    X \$ 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total + 8                            |                                                    | R                            |                 |        | RATE               | TIONAL |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    +\$180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Independent *                        | Minus *** ?                                        | = ,                          | <del>  /-</del> | OF     | X \$ 50 = .        |        |
| (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PRESENT   EXTRA   PAID   TIONAL   FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MU             | JLTIPLE DEPENDENT CLA                              | IM []                        | <del> / </del>  | OR     | X \$ 200 =         | ••     |
| (Column 1) (Column 2) (Column 3)    CLAIMS REMAINING AFTER AMENDMENT   HIGHEST NUMBER PREVIOUSLY PAID FOR   FEE     NUMBER PREVIOUSLY PAID FOR   EXTRA     RATE   TIONAL FEE     NUMBER PREVIOUSLY PAID FOR   EXTRA     RATE   TIONAL FEE     NUMBER PREVIOUSLY PAID FOR   NUMBER PREVIOUSLY PAID FEE   NUMBER PRE                                                                                                                                   |                                      |                                                    |                              |                 | OR     | 1                  |        |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Minus  **  Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  This dependent is less than the entry in column 2, write "0" in column 3.  **  Column 3)  **  PRESENT PRESENT FRESENT FRESENT FRESENT FRESENT FRESENT FRESENT FRESENT FRESENTATION OF MULTIPLE DEPENDENT CLAIM  **  **  **  **  **  **  **  **  **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                    |                              |                 | OR     | OTAL ADDIT.<br>FEE |        |
| REMAINING AFTER AMENDMENT  Total * Minus **   Independent * Minus **   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than the entry in column 2, write "0" in column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | (Column 2                                          | ) (Column 3)                 |                 |        | _                  |        |
| Total * Minus ** EE X\$25 = OR X\$50 = X\$100 = OR X\$200 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL ADDIT.  FEE TOTAL ADDIT.                                                                                                                                 | REMAINING . AFTER                    | NUMBER<br>PREVIOUSL                                | PRESENT                      | RATE TIO        | DDI-   | · -                | ADDI-  |
| Independent * Minus *** = X \$ 25 = OR X \$ 50 =  X \$ 100 = OR X \$ 200 =  X \$ 100 = OR X \$ 200 =  + \$ 180 = OR + \$ 360 =  TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                | PAID FOR                                           |                              | FI              |        |                    |        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Independent * M                      | inus ***                                           |                              |                 | OR     | X \$ 50 =          |        |
| TOTAL ADDIT.  FEE  TOTAL ADDIT.  FEE  OR  TOTAL ADDIT.  FEE  If the entry in column 1 is less than the entry in column 2, write "0" in column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MUL            | TIPLE DEPENDENT CLAIN                              |                              |                 | OR     | X \$ 200 =         |        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | • .                                  |                                                    |                              |                 | OR     | + \$ 360 =         | ·      |
| if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20" anto 1905.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | •                                    | •                                                  | · :                          |                 | OR     |                    |        |
| if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" in THIS SPACE is less than "20" and a second of the column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | M AL.                                |                                                    |                              |                 |        | -                  |        |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the "Highest Number Providence Date" | THIS SPACE IS less than "                          | 20', enter "20".             |                 |        |                    | -      |

Patent and Trademark Office - U S DEPARTMENT --